

# MPUA APPRENTICE PROGRAM APPLICATION FORM



**MPUA**  
Missouri Public Utility Alliance  
*Serving Municipal Utilities. . .*

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Columbia, MO 65203  
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Fax: 573-445-0680  
www.mpua.org

**MPUA Use Only:**

Training Loc: \_\_\_\_\_

Testing Loc: \_\_\_\_\_

## Trainee:

If you are a Veteran or an eligible dependent, see the information at bottom of the page.

Name: First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_ ( M \_\_\_\_ F \_\_\_\_ )

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security #: (optional) \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone # \_\_\_\_\_ Shirt Size: \_\_\_\_\_

## Employer:

Record #: \_\_\_\_\_  
(to be assigned)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

## Previous Employment: (Starting with present or last employer)

| Company Name | City/State | From  | To    | Type of Work Performed |
|--------------|------------|-------|-------|------------------------|
| 1. _____     | _____      | _____ | _____ | _____                  |
| 2. _____     | _____      | _____ | _____ | _____                  |
| 3. _____     | _____      | _____ | _____ | _____                  |
| 4. _____     | _____      | _____ | _____ | _____                  |

## Education:

(Circle last year completed in each area)

Name of School

|                   |         |                  |                       |
|-------------------|---------|------------------|-----------------------|
| Elementary School | 5 6 7 8 | Grad Year: _____ | Name of School: _____ |
| High School       | 1 2 3 4 | Grad Year: _____ | _____                 |
| Vocational School | 1 2 3 4 | Grad Year: _____ | _____                 |
| College           | 1 2 3 4 | Grad Year: _____ | _____                 |

## Supervisor/Contact Person:

Email: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TRAINEE: \_\_\_\_\_

**Signature of Trainee**

Date

**Veteran information:** As a Veteran or an eligible dependent you may be entitled to receive VA Benefits. However special enrollment forms need to be completed to receive these benefits. Please contact the MPUA office and talk to Mike Conyers or Cathy Susa about enrollment in this program.